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APPLICATION NUMBER FILING/RECEIPT DATE FIRST NAMED APPLICANT ATTORNEY DOCKET NO./TITLE

08/782,866

01/13/97

DELABASTITA

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GV-2166

0262/0227

RICHARD J BIRCH SUITE 125 20 WILLIAM STREET WELLESLEY MA 02181 NOT ASSIGNED

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DATE MAILED:

02/27/97

NOTICE TO FILE MISSING PARTS OF APPLICATION Filing Date Granted

| Filling Date Granted |
|---|
| An Application Number and Filing Date have been assigned to this application. However, the items indicated below are missing. The required items and fees identified below must be timely submitted ALONG WITH THE PAYMENT OF A SURCHARGE for it ms 1 and 3-6 only of \$ |
| If all required items on this form are filed within the period set aboye, the total amount owed by applicant as a □ large entity □ small entity (verified statement filed), is \$ |
| ☐ T. The statutory basic filing fee is: ☐ missing. ☐ insufficient. |
| Applicant must submit \$ to complete the basic filing fee and/or file a verified small entity statement claiming such status (37 CFR 1.27). |
| 2. Additional claim fees of \$, including any multiple dependent claim fees, are required. Applicant must either submit the additional claim fees or cancel additional claims for which fees are due. |
| □ 3. The oath or declaration: □ is missing. □ does not cover the newly submitted items. □ does not identify the application to which it applies. □ does not include the city and state or foreign country of applicant's residence. An oath or declaration in compliance with 37 CFR 1. 63, including residence information and identifying the application by the above Application Number and Filing Date is required. |
| 4. The signature(s) to the oath or declaration is/are: missing. by a person other than inventor or person qualified under 37 CFR 1.42, 1.43, or 1.47. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required. |
| ☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration: |
| An oath or declaration listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required. |
| ☐ 6. A \$ processing fee is required since your check was returned without payment (37 CFR 1.21(m)). |
| ☐ 7. Your filing receipt was mailed in error because your check was returned without payment. |
| 8. The application does not comply with the Sequence Rules. See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825." |
| □ 9. OTHER: |
| Direct the response and any questions about this notice to "Attention: Box Missing Parts." |
| A copy of this n tice MUST b return d with the response. Customer Service Center Initial Patent Examination Division (703) 308-1202 |